

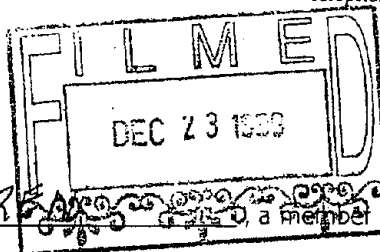
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EXHIBIT B


**IOF
FORESTERS**
THE INDEPENDENT ORDER OF FORESTERS

 International Headquarters
 789 Don Mills Road, Don Mills, ON M3C 1T9
 Telephone: (416) 429-3000 Fax: (416) 429-3896
 Toll-free: CAN 1-800-268-6091
 US 1-800-828-1540

 US Mailing Address:
 P.O. Box 179, Niagara Square Station
 Buffalo, NY 14201-0179

Change of Beneficiary

 I, MARLIN D. GOLDRER, a member of Court No. 1084

 in the Province or State of ILLINOIS holding Certificate No. 4129885

do hereby revoke all former designation of beneficiaries thereunder and do hereby declare that all sums falling due thereunder on and after my death shall be paid as they respectively fall due to:

PRIMARY	ROBERT LEE GOLDREN	35	Son	%
Name and Address	Age	Relationship		
2429 Hwy 411 North				
ETOWAH, TN.	37331			

CONTINGENT

Name and Address	Age	Relationship	%
Dusty Goldren	11	Grand Son	
Forest Hills apts. apt 412			
Athens, TN.	37303		

To the fullest extent permitted by the laws applicable, I reserve the right to change or revoke this designation of beneficiary.

 Dated at 3210 11th St. Rockford, IL 61109 this 14 day of May 1999
Veronica J. Nguyen
 Witness - not a beneficiary

Marlin D. Goldren
 Signature of member

6766 11th St Room 43
 Street and No. of member

Rockford, IL 61109
 City Province/State Postal/Zip Code

 Please check if this is a new address: ☒ Yes ☐ No

Complete in duplicate - International Headquarters will return one copy to be attached to the certificate.

ACKNOWLEDGEMENT BY THE IOF

The Independent Order of Foresters acknowledges receipt of the foregoing instrument at its International Headquarters and records the change of beneficiary therein provided.

EXECUTIVE SECRETARY

Chris Anthony

MAY 31 1999

J. RAY

THE INDEPENDENT ORDER OF FORESTERS

Assignment of Interest of Beneficiary

(only required if beneficiary is irrevocable)

FOR VALUE RECEIVED I (we) the beneficiary(ies) of under Benefit Certificate No. 4129885
issued by The Independent Order of Foresters on the life of MARLIN D. COLDREN

a member of The Independent Order of Foresters hereby transfer, assign and set over unto the said member the said Benefit Certificate and all my (our) right, title and interest therein and all claims and demands whatsoever upon or in respect thereof or in to the monies ultimately payable thereunder.

Dated at 3210 11th St. Rockford, IL 61109 this 14th day of May 1999

(SEAL)

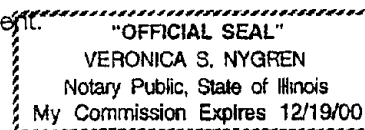
(SEAL)

State/Province of IL

County of Winnebago

On this 14th day of May 1999 before me personally
appeared the above-named Marlin D. Coldren
personally known to me and duly acknowledged the execution of the above instrument.

Veronica S. Nygren (SEAL)



N.B.: This assignment must be acknowledged before a Commissioner for Oaths, Notary Public, Justice of the Peace or other official who is able to attach his stamped seal of office thereon.

REQUIRED PAYEE INFORMATION. THIS SECTION MUST ALWAYS BE COMPLETED IN FULL. (Please Print)

Payee's Name MARLIN GOLDREY Date of Birth 10-21-41 Social Security or Taxpayer ID # 341-34-9325
 Address 204 GOLD RIVER AVE ROCKFORD IL 61102 Telephone # 815-963-5075
 STREET CITY STATE ZIP CODE

If the taxpayer ID or Social Security number is not supplied, the policy(ies) may be subject to federal and state withholding. Under the penalties of perjury, I certify that the information supplied on this form is true, correct, and complete, and that I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified me that I am no longer subject to backup withholding.

XMarlin Goldrey

PAYEE'S SIGNATURE - SIGN AS YOU WOULD ON CHECKS

5.10.99

DATE